Cialis®
TOGETHER

Checklist

This short checklist is designed to help you and your pharmacist discuss Cialis Together and decide whether it is right for you. It should be filled in as accurately as possible so that the pharmacist can give you the most appropriate advice and/or treatment. Please answer all of the questions by ticking the box that applies. The answers are needed to ensure that Cialis Together can be supplied appropriately, as it may not be suitable for you if you are taking certain medications or have certain medical conditions. The pharmacist will discuss the questions and your answers with you so any notes you make will help with this. If the pharmacist supplies Cialis Together to you please read the leaflet carefully.

Erectile dysfunction (ED) is a condition where men have trouble getting or keeping an erection hard enough to have satisfactory sexual activity. Cialis Together only treats ED in men who are 18 years of age and older.

If this does not describe you, please speak to the pharmacist for further advice.

QUESTION	ANSWER		
Do you have, or have you ever had a heart problem (including any problems with your heart, blood pressure, feeling dizzy, blurred vision or a stroke)?	YES	NO	UNSURE
Do you feel very breathless or get chest pain if you walk fast for 20 minutes or climb 2 flights of stairs?	YES	NO	UNSURE
Have you ever been prescribed any nitrate medicine used to treat or prevent chest pain (angina), heart attack or heart failure?	YES	NO	UNSURE
Are you using any recreational drugs (such as, but not limited to, 'poppers' [amyl nitrite] or cannabis)?	YES	NO	UNSURE
Are you taking any other regular medication?	YES	NO	UNSURE
Do you have any health conditions? For example: • problems with your liver or kidneys • blood diseases (e.g. leukaemia, sickle cell anaemia, multiple myeloma)	YES	NO	UNSURE
Have you ever had loss of vision because of damage to your optic nerve (known as NAION) or do you have an inherited eye disease (e.g. retinitis pigmentosa)?	YES	NO	UNSURE
Do you have Peyronie's disease or any other condition causing a change in the shape of your penis?	YES	NO	UNSURE
Do you have any allergies or intolerances (e.g. lactose intolerance)?	YES	NO	UNSURE

Is there anything else you would like to tell the pharmacist about your health or medication?